

SCIP# \_\_\_\_\_

# Media Services Print Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty/Staff  Student

Department/ Club Name: \_\_\_\_\_

Contact for Pickup: \_\_\_\_\_

Phone/EXT: \_\_\_\_\_

### Print Details

Dimensions: \_\_\_\_\_ DPI: \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

-----Media Services Fill Out Below-----

Tech completing job: \_\_\_\_\_

Total for Print \$ \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

1<sup>st</sup> contact – Date/Time \_\_\_\_\_ Tech name \_\_\_\_\_

2<sup>nd</sup> contact – Date/Time \_\_\_\_\_ Tech name \_\_\_\_\_

Client Signature upon pickup:

Print \_\_\_\_\_ Sign \_\_\_\_\_

